

United States Bankruptcy Court for the:

District of Delaware

Case number (If known): _____ Chapter 11☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Mallinckrodt Hospital Products IP Unlimited Company

2. **All other names debtor used in the last 8 years** Mallinckrodt Hospital Products IP Limited

Include any assumed names, trade names, and *doing business* as names

3. **Debtor's federal Employer Identification Number (EIN)** 98-1273300

4. **Debtor's address****Principal place of business****Mailing address, if different from principal place of business**

College Business & Technology Park
Number Street

675 McDonnell Blvd.
Number Street

Cruiserath Road, Blanchardstown

P.O. Box

Dublin 15 Ireland
City State ZIP Code

Hazelwood Missouri 63042
City State ZIP Code

Location of principal assets, if different from principal place of business

County

Number Street

City State ZIP Code

5. **Debtor's website (URL)** www.mallinckrodt.com

Debtor Mallinckrodt Hospital Products IP Unlimited Company
Name

Case number (if known) _____

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>

3 2 5 4

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor is defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

Debtor Mallinckrodt Hospital Products IP Unlimited Company
Name

Case number (if known) _____

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☐ No☒ Yes. Debtor See Attachment 1 Relationship AffiliateDistrict District of Delaware When Contemporaneously

MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known _____

11. Why is the case filed in this district?*Check all that apply:*☐ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** *(Check all that apply.)*☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number Street

City State ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor Mallinckrodt Hospital Products IP Unlimited Company

Case number (if known) _____

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors
(on a consolidated basis)

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input checked="" type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets
(on a consolidated basis)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input checked="" type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
(on a consolidated basis)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input checked="" type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- ☒ I have been authorized to file this petition on behalf of the debtor.
- ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/12/2020
MM / DD / YYYY* /s/ Bryan M. Reasons

Signature of authorized representative of debtor

Bryan M. Reasons

Printed name

Title Director

Debtor Mallinckrodt Hospital Products IP Unlimited Company
Name

Case number (if known) _____

18. Signature of attorney* /s/ Michael J. Merchant

Signature of Attorney for debtor

Date 10/12/2020

MM / DD / YYYY

Michael J. Merchant

Printed name

Richards, Layton & Finger, P.A.

Firm name

920 North King Street

Number Street

Wilmington

City

Delaware 19801

State ZIP Code

302-651-7700

Contact phone

merchant@rlf.com

Email address

3854

Bar number

Delaware

State

ATTACHMENT 1 TO VOLUNTARY PETITION

On the date hereof, each of the affiliated entities listed below (including the debtor in this chapter 11 case, collectively, the “***Debtors***”) filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code in the United States Bankruptcy Court for the District of Delaware. Contemporaneously with the filing of their voluntary petitions, the Debtors are filing a motion with the Court requesting that their chapter 11 cases be consolidated for procedural purposes only and jointly administered.

Debtor Name	Federal EIN
Mallinckrodt plc	98-1088325
Acthar IP Unlimited Company	98-1219747
IMC Exploration Company	74-1856768
Infacare Pharmaceutical Corporation	31-1807488
INO Therapeutics LLC	47-0931456
Ludlow LLC	04-2614539
MAK LLC	82-3297479
Mallinckrodt APAP LLC	47-2085115
Mallinckrodt ARD Finance LLC	82-3638933
Mallinckrodt ARD Holdings Inc.	47-2402827
Mallinckrodt ARD Holdings Limited	98-1190042
Mallinckrodt ARD IP Unlimited Company	98-1273238
Mallinckrodt ARD LLC	33-0476164
Mallinckrodt Brand Pharmaceuticals LLC	90-0136080
Mallinckrodt Buckingham Unlimited Company	UK Tax ID 7891923224
Mallinckrodt Canada ULC	98-1065149
Mallinckrodt CB LLC	83-1878651
Mallinckrodt Critical Care Finance LLC	47-5172425
Mallinckrodt Enterprises Holdings, Inc.	94-3160456
Mallinckrodt Enterprises LLC	36-4679061
Mallinckrodt Enterprises UK Limited	98-1190911
Mallinckrodt Equinox Finance LLC	32-0542730
Mallinckrodt Group S.à r.l.	98-1094611
Mallinckrodt Holdings GmbH	98-1162957
Mallinckrodt Hospital Products Inc.	41-2142317
Mallinckrodt Hospital Products IP Unlimited Company	98-1273300
Mallinckrodt International Finance SA	98-1094609
Mallinckrodt International Holdings S.à r.l.	98-1272203
Mallinckrodt IP Unlimited Company	98-1190770
Mallinckrodt LLC	43-1479062

Mallinckrodt Lux IP S.à r.l.	98-1190722
Mallinckrodt Manufacturing LLC	47-5172075
Mallinckrodt Pharma IP Trading Unlimited Company	98-1272335
Mallinckrodt Pharmaceuticals Ireland Limited	98-1217693
Mallinckrodt Pharmaceuticals Limited	98-1274182
Mallinckrodt Quincy S.à r.l.	98-1191395
Mallinckrodt UK Finance LLP	98-1274193
Mallinckrodt UK Ltd	98-1240542
Mallinckrodt US Holdings LLC	32-0408865
Mallinckrodt US Pool LLC	90-0937192
Mallinckrodt Veterinary, Inc.	36-3480465
Mallinckrodt Windsor Ireland Finance Unlimited Company	Irish Tax ID 3347922OH
Mallinckrodt Windsor S.à r.l.	98-1286736
MCCH LLC	32-0541022
MEH, Inc.	65-0952696
MHP Finance LLC	47-5176059
MKG Medical UK Ltd	98-1241288
MNK 2011 LLC	80-0739865
MUSHI UK Holdings Limited	98-1190248
Ocera Therapeutics, Inc.	63-1192270
Petten Holdings Inc.	83-3441641
SpecGx Holdings LLC	84-3594520
SpecGx LLC	81-4463153
ST Operations LLC	84-4597158
ST Shared Services LLC	84-3727053
ST US Holdings LLC	20-5950462
ST US Pool LLC	84-4591199
Stratatech Corporation	39-2025292
Sucampo Holdings Inc.	85-2745451
Sucampo Pharma Americas LLC	13-3929237
Sucampo Pharmaceuticals, Inc.	30-0520478
Therakos, Inc.	22-2575957
Vtesse LLC	47-1075596
WebsterGx Holdco LLC	85-0505835

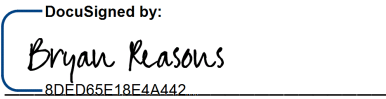
DECISION OF THE SOLE MEMBER
of
Mallinckrodt Hospital Products IP Unlimited Company
(Company Number 568351)
(the “Company”)

In accordance with Section 196(4) of the Companies Act 2014, we, the undersigned, being the sole member for the time being entitled to receive notice of, attend and vote at general meetings of the Company **HEREBY RESOLVE:**

AS SPECIAL RESOLUTIONS:

1. That the proposed filing by the Company of a voluntary petition under chapter 11 of title 11 of the United States Code be and is hereby approved for the purposes of facilitating an overall settlement with respect to:
 - 1.1 ongoing opioid litigation in which the Company’s ultimate holding company, Mallinckrodt plc (“**Parent**” and together with its subsidiaries the “**Group**”), and certain US Group companies are defendants in within the US;
 - 1.2 litigation in which an affiliate of the Company, Mallinckrodt ARD LLC, is a defendant in the US relating to rebates payable in respect of the sale of the product known as Acthar Gel to Medicaid; and
 - 1.3 a restructuring of the obligations of certain Group companies with respect to:
 - (a) obligations arising, as Issuers and/or Guarantors, from a credit agreement (as amended, supplemented or otherwise modified from time to time) dated 19 March 2014 between (1) the Company, (2) Mallinckrodt International Finance S.A. (the “**Issuer**”), as Lux Borrower, (3) Mallinckrodt CB LLC, as Co-Borrower, (4) the other borrowers from time to time party thereto, (5) the Lenders from time to time party thereto and (6) Deutsche Bank AG New York Branch, as administrative agent and collateral agent;
 - (b) various series of unsecured notes consisting of: (i) unsecured 4.875% Senior Notes due 2020; (ii) unsecured 5.750% Senior Notes due 2022; (iii) unsecured 5.625% Senior Notes due 2023; (iv) unsecured 5.500% Senior Notes due 2025; and (v) unsecured 4.750% Senior Notes due 2023 (issued by the Issuer only) (together the “**Unsecured Notes**”); and (b) secured notes issued by way of exchange for certain of the Unsecured Notes consisting of: (i) 10.000% First Lien Senior Secured Notes due 2025; and (ii) 10.000% Second Lien Senior Secured Notes due 2025,
- (the “**Proposed Chapter 11 Cases**”).
2. That the directors of the Company be and are hereby authorised to proceed with the Proposed Chapter 11 Cases and to enter into and deliver all other agreements and documents contemplated by the Proposed Chapter 11 Cases and to do or procure to be done all such acts and things on behalf of the Company as the directors consider necessary, desirable or expedient to implement, or otherwise in connection with, the Proposed Chapter 11 Cases.

SIGNED by the following being the sole member of the Company having the right to receive notice of, attend and vote at general meetings of the Company (or being a body corporate by it duly authorised person):

Signed: 
8DED65F18F4A442
For and on behalf of
Mallinckrodt IP Unlimited Company

Dated: 9 October 2020

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

MALLINCKRODT HOSPITAL PRODUCTS IP
UNLIMITED COMPANY,

Debtor.

)
) Chapter 11
)
) Case No. 20-_____ (____)
)
) Tax ID: 98-1273300
)
)

CORPORATE OWNERSHIP STATEMENT

The following is the list of entities that directly or indirectly own 10% or more of any class of the above-captioned debtor's equity interests. This list has been prepared in accordance with Fed. R. Bankr. P. 1007(a)(1) and Fed. R. Bankr. P. 7007.1 for filing in this chapter 11 case.

Shareholder	Approximate Percentage of Units Held
Mallinckrodt IP Unlimited Company	100%

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

MALLINCKRODT HOSPITAL PRODUCTS IP
UNLIMITED COMPANY,

Debtor.

)
) Chapter 11
)
) Case No. 20-_____ (____)
)
) Tax ID: 98-1273300
)
)

LIST OF EQUITY SECURITY HOLDERS

The following is a list of the above-captioned debtor's equity security holders. This list has been prepared in accordance with Fed. R. Bankr. P. 1007(a)(3) for filing in this chapter 11 case.

Equity Holder	Address	Ownership
Mallinckrodt IP Unlimited Company	College Business & Technology Park, Cruiserath Road, Blanchardstown, Dublin 15 Ireland	100%

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

MALLINCKRODT PLC, *et al.*,

Debtors.¹

)
) Chapter 11
)
) Case No. 20-_____ (____)
)
) (Joint Administration Requested)
)
)

**CONSOLIDATED LIST OF CREDITORS
HOLDING 50 LARGEST UNSECURED CLAIMS**

The above-captioned debtors and debtors in possession (collectively, the “**Debtors**”) filed voluntary petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C §§ 101-1532 (the “**Bankruptcy Code**”). Pursuant to Federal Rule of Bankruptcy Procedure 1007(d), the following is a consolidated list of the Debtors’ creditors holding the fifty (50) largest unsecured claims (the “**Creditor List**”) based on the Debtors’ unaudited books and records as of October 9, 2020.

The Creditor List does not include (i) persons that come within the definition of “insider” set forth in 11 U.S.C. § 101(31) or (ii) secured creditors, unless the value of such creditors’ collateral is such that the unsecured deficiency places the creditor among the holders of the 50 largest unsecured claims.

The information contained herein shall not constitute an admission of liability by, nor is it binding on, the Debtors. Moreover, nothing herein shall affect the Debtors’ rights to challenge the amount or characterization of any claim at a later date. The failure to list a claim as contingent, unliquidated, or disputed does not constitute a waiver of the Debtors’ rights to contest the validity, priority, and/or amount of any such claim at a later date.

¹ A complete list of the Debtors in these chapter 11 cases may be obtained on the website of the Debtors’ claims and noticing agent at <http://restructuring.primeclerk.com/Mallinckrodt>. The debtors’ mailing address is 675 McDonnell Blvd., Hazelwood, Missouri 63042.

Debtor Name Mallinckrodt Hospital Products IP Unlimited CompanyUnited States Bankruptcy Court for the: District of Delaware
(State)

Case number (If known): _____

☐ Check if this is an amended filingOfficial Form 204**Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 50 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 50 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 50 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) ATTORNEY OF RECORD: U.S. DEPARTMENT OF JUSTICE CIVIL DIVISION, FEDERAL PROGRAMS BRANCH 7500 SECURITY BOULEVARD BALTIMORE, MD, 21244	KEVIN MATTHEW SNELL PH: (202) 305-0924 KEVIN.SNELL@USDJ.GOV	PAYOR REBATES				\$650,000,000
2 5.75% SENIOR NOTES DUE 2022 ADMINISTRATIVE AGENT: DEUTSCHE BANK TRUST COMPANY AMERICAS TRUST & AGENCY SERVICES 60 WALL STREET, 16TH FLOOR MAIL STOP: NYC60-1630 NEW YORK, NEW YORK 10005 ATTN: CORPORATES TEAM – MALLINCKRODT INTERNATIONAL FINANCE, S.A. FAX: 732-578-4635	PHILIP TANCORRA PH: 212-250-6576 PHILIP.TANCORRA@DB.COM	5.75% SENIOR NOTES DUE 2022				\$610,304,000
3 5.625% SENIOR NOTES DUE 2023 ADMINISTRATIVE AGENT: DEUTSCHE BANK TRUST COMPANY AMERICAS TRUST & AGENCY SERVICES 60 WALL STREET, 16TH FLOOR MAIL STOP: NYC60-1630 NEW YORK, NEW YORK 10005 ATTN: CORPORATES TEAM – MALLINCKRODT INTERNATIONAL FINANCE, S.A. FAX: 732-578-4635	PHILIP TANCORRA PH: 212-250-6576 PHILIP.TANCORRA@DB.COM	5.625% SENIOR NOTES DUE 2023				\$514,673,000

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
4	5.50% SENIOR NOTES DUE 2025 ADMINISTRATIVE AGENT: DEUTSCHE BANK TRUST COMPANY AMERICAS TRUST & AGENCY SERVICES 60 WALL STREET, 16TH FLOOR MAIL STOP: NYC60-1630 NEW YORK, NEW YORK 10005 ATTN: CORPORATES TEAM – MALLINCKRODT INTERNATIONAL FINANCE, S.A. FAX: 732-578-4635	PHILIP TANCORRA PH: 212-250-6576 PHILIP.TANCORRA@DB.COM	5.50% SENIOR NOTES DUE 2025				\$387,207,000
5	4.75% SENIOR NOTES DUE 2023 ADMINISTRATIVE AGENT: DEUTSCHE BANK TRUST COMPANY AMERICAS TRUST & AGENCY SERVICES 60 WALL STREET, 16TH FLOOR MAIL STOP: NYC60-1630 NEW YORK, NEW YORK 10005 ATTN: CORPORATES TEAM – MALLINCKRODT INTERNATIONAL FINANCE, S.A. FAX: 732-578-4635	PHILIP TANCORRA PH: 212-250-6576 PHILIP.TANCORRA@DB.COM	4.75% SENIOR NOTES DUE 2023				\$133,657,000
6	MCKESSON 1220 SENLAC DRIVE CARROLLTON, TX, 75006	BERTHA PEREZ PH: 972-446-4463 BERTHA.PEREX@MNKESSON.COM	DISTRIBUTOR FEES	Disputed			\$70,670,791
7	AMERISOURCE BERGEN 1300 MORRIS DR CHESTERBROOK, PA, 19087	STEVE GRAY PH: 856-686-6137 SGRAY@AMERISOURCEBERGEN.COM	DISTRIBUTOR FEES				\$69,906,996
8	CARDINAL PO BOX 641231 PITTSBURGH, PA, 15264	GRACE HIPOL PH: N/A GRACE.HIPOL@CARDINALHEALTH.COM	DISTRIBUTOR FEES				\$22,944,066
9	ASCENT(PRIME/ESI) SCHAFFHAUSEN LIPO PARK, INDUSTRIESTRASSE 2 SCHAFFHAUSEN, 08207, CH	DREW PATTERSON PH: 314-684-7683 DMPATTERSON@EXPRESS-SCRIPTS.COM	DISTRIBUTOR FEES				\$17,271,978
10	PHARMATOP 10 SQUARE SAINT FLORENTIN LE CHESNAY, 78150, FR	JULIANNE POWERSPH: 302-636- 6705JNPOWERS@WILMINGTONTRUST.C OM	CONTRACTCLAIM				\$11,533,604
11	CVS 1950 NORTH STEMMONS FREEWAY SUITE 5010 DALLAS, TX, 75207	KEENAN VAN GERVEN PH: 847-559-3663 KEENAN.VANGERVERN@CVSHEALTH.COM	DISTRIBUTOR FEES				\$11,393,341
12	9.50% DEBENTURES ADMINISTRATIVE AGENT: US BANK 100 WALL ST STE 600 NEW YORK, NY, 10005	CAROLINE LEE PH: 917-770-4761 CAROLINE.LEE@USBANK.COM	9.50% DEBENTURES				\$10,388,000
13	CA DEPT. OF HEALTH SERVICES DHCS / PHARMACY BENEFIT DIVISION 1501 CAPITOL AVENUE, MS 4604 SACRAMENTO, CA, 95814	LINH LE PH: 916-345-8563 LINH.LE1@DHCS.CA.GOV	PAYOR REBATES				\$10,174,951

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	BRISTOL MYERS SQUIBB COMPANY 345 PARK AVENUE NEW YORK, NY, 10154	BRENDAN COUGHLAN PH: N/A BRENDAN.COUGHLAN@BMS.COM	CONTRACT CLAIM				\$9,213,724
15	NYS DEPARTMENT OF HEALTH, OHIP 15 CORNELL ROAD, SUITE 2201 LATHAM, NY, 12110	COURTNEY SUTTLES PH: 518-220-3811 SUTTLESC@MAGELLANHEALTH.COM	PAYOR REBATES				\$8,873,476
16	FRESENIUS KABI BORKENBERG 14 OBERURSEL, 61440, DE	FRANZ KAINZ, PHD PH: +49 (0) 6172 686 4337 FRANZ.KAINZ@FRESENIUS-KABI.COM	CONTRACT CLAIM				\$8,785,000
17	AGENCY FOR HEALTH CARE ADMINISTRATION 2727 MAHAN DRIVE TALLAHASSEE, FL, 32308	ANA ARISTIZABAL PH: 850-412-4080 ANA.ARISTIZABAL@AHCA.MYFLORIDA.COM	PAYOR REBATES				\$7,161,953
18	TEXAS HEALTH & HUMAN SERVICES COMMISSION P.O.BOX 8520; MAIL CODE 2250 4900 N. LAMAR AUSTIN, TX, 78708-5200	LINDA BRUMBLE PH: 512-428-1996	PAYOR REBATES				\$6,212,151
19	MICHIGAN DEPT. OF COMMUNITY HEALTH 320 S. WALNUT, LEWIS CASS BLDG. P.O. BOX 30223 LANSING, MI, 48909	WAVE HAMILTON PH: 517-241-5511	PAYOR REBATES				\$5,770,063
20	AVENTIS PHARMACEUTICALS PRODUCTS, INC. 300 SOMERSET CORPORATE CENTER BRIDGEWATER, NJ, 08807	DAMIAN JANASEK PH: N/A DAMIAN.JANASEK@SANOFI.COM	CONTRACT CLAIM				\$5,765,186
21	NC DIVISION OF MEDICAL ASSISTANCE 11013 WEST BROAD STREET, SUITE 500 GLEN ALLEN, VA, 23060	MAURY ANDERSON PH: 804-548-0336	PAYOR REBATES				\$5,066,967
22	8.00% DEBENTURES ADMINISTRATIVE AGENT: US BANK 100 WALL ST STE 600 NEW YORK, NY, 10005	CAROLINE LEE PH: 917-770-4761 CAROLINE.LEE@USBANK.COM	8.00% DEBENTURES				\$4,450,000
23	ALABAMA MEDICAID AGENCY 301 TECHNACENTER DR MONTGOMERY, AL, 36117	HEATHER VEGA PH: 334-353-4592 HEATHER.VEGA@MEDICAID.ALABAMA.GOV	PAYOR REBATES				\$3,712,093
24	PA DEPT. OF HUMAN SERVICES 9TH FLOOR COMMONWEALTH TOWER 303 WALNUT STREET HARRISBURG, PA, 17101	BRITTANY STARR PH: 717-346-8164 C-BSTARR@PA.GOV	PAYOR REBATES				\$3,552,194

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
25	WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVENUE SAINT LOUIS, MO, 63112	JENNIFER LODGE PH: (314) 747-0515 LODGEJK@WUSTL.EDU	TRADE VENDOR				\$3,347,650
26	LOUISIANA DEPART. OF HEALTH & HOSPITALS 15 CORNELL ROAD, SUITE 2201 LATHAM, NY, 12110	DAVID HASSOUN PH: 518-220-3879 HASSOUND@MAGELLANHEALTH.COM	PAYOR REBATES				\$2,934,038
27	HUMANA 500 WEST MAIN ST LOUISVILLE, KY, 40202	LEE GROVES PH: 502-580-9792 LGROVES@HUMANA.COM	DISTRIBUTOR FEES				\$2,545,909
28	EASTMAN CHEMICAL FINANCIAL CORPORATION PO BOX 75794 CHARLOTTE, NC, 28275	JUSTIN HECHT PH: 423-707-4988 JHECHT@EASTMAN.COM	TRADE VENDOR				\$2,393,508
29	STATE OF TENNESSEE - TENNCARE 310 GREAT CIRCLE ROAD NASHVILLE, TN, 37228	TONI CHAVIS PH: 615-507-6363 TONI.CHAVIS@TN.GOV	PAYOR REBATES				\$2,365,741
30	MISSISSIPPI DIVISION OF MEDICAID 385B HIGHLAND COLONY PARKWAY SUITE 300 RIDGELAND, MS, 39157	KATHERINE THOMAS PH: 601-206-2900 KATHERINE.THOMAS@CONDUENT.COM	PAYOR REBATES				\$2,254,491
31	OHIO DEPARTMENT OF JOBS & FAMILY SVCS 45 COMMERCE DRIVE, SUITE 5 AUGUSTA, ME, 4332	SHARI MARTIN PH: 207-622-7153 SMARTIN@CHANGEHEALTHCARE.COM	PAYOR REBATES				\$2,232,679
32	WALGREENS 1417 LAKE COOK RD MS L264 DEERFIELD, IL, 60015	ZACH MIKULAK PH: 847-964-4058 ZACHARY.MIKULAK@WALGREENS.COM	DISTRIBUTOR FEES				\$2,079,000
33	PRIME 1305 CORPORATE CENTER DR EAGAN, MN, 55121	PATRICK MCCAW PH: 612-777-5897 PATRICK.MCCAW@PRIMETHERAPEUTICS.COM	DISTRIBUTOR FEES				\$2,007,382
34	GEORGIA DEPT OF COMMUNITY HEALTH 11013 WEST BROAD STREET, SUITE 500 GLEN ALLEN, VA, 23060	HEATHER BROWN PH: 804-508-0366 HMBROWN1@MAGELLANHEALTH.COM	PAYOR REBATES				\$1,989,153
35	ARIZONA - AHCCCS 11013 WEST BROAD STREET, SUITE 100 GLEN ALLEN, VA, 23060	MAURY ANDERSON PH: 804-548-0336 MBDANIELS@MAGELLANHEALTH.COM	PAYOR REBATES				\$1,961,628

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					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
36	PHARMACEUTICAL PRODUCT DEVELOPMENT INC 26361 NETWORK PLACE CHICAGO, IL, 60673	JOE PANEGASSER PH: 913-233 6736 JOSEPH.PANEGASSER@PPDI.COM	TRADE VENDOR				\$1,952,372
37	EMERGENT BIOSOLUTIONS INC 1111 SOUTH PACA ST BALTIMORE, MD, 21230	JON LENIHAN PH: 857-654-3530 LENIHANJ@EBSI.COM	TRADE VENDOR				\$1,769,513
38	SC DEPARTMENT OF HEALTH & HUMAN SERVICES 11013 W. BROAD ST., SUITE 500 GLEN ALLEN, VA, 23060	JOHN COX PH: 804-548-0344 JDCOX1@MAGELLANHEALTH.COM	PAYOR REBATES				\$1,767,897
39	PATHEON 5900 MARTIN LUTHER KING JR HWY GREENVILLE, NC, 27834	TEGAN SMITH PH: +44 7469159201 TEGAN.SMITH@THERMOFISHER.COM	TRADE VENDOR				\$1,730,062
40	MISSOURI DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES P.O. BOX 6500 615 HOWERTON COURT JEFFERSON CITY, MO, 65102-6500	REBATE CONTACT FOR DRUG REBATE PROGRAM PH: 573-526-5664	PAYOR REBATES				\$1,713,414
41	IQVIA 23 COBHAM DR ORCHARD PARK, NY, 14127	MARK HENDRICKS PH: 619-208-2566 MARK.HENDRICKS@IQVIA.COM	TRADE VENDOR				\$1,658,160
42	WI DIVISION OF HEALTHCARE ACCESS DRUG REBATE - CASH UNIT 313 BLETTNER BLVD MADISON, WI, 53784	JODI HETTINGA PH: 608-224-6681 JODI.HETTINGA@WISCONSIN.GOV	PAYOR REBATES				\$1,489,760
43	IL DEPT OF HEALTHCARE & FAMILY SERVICES 201 S. GRAND AVENUE EAST - 2ND FLOOR SPRINGFIELD, IL, 62763-0002	BRADLEY WALLNER PH: 217-524-7161 BRAD.WALLNER@ILLINOIS.GOV	PAYOR REBATES				\$1,474,414
44	KAISER 300 PULLMAN ST LIVERMORE, CA, 94551	WINNIE NG PH: 925-294-7212 WINNIE.NG@KP.ORG	DISTRIBUTOR FEES				\$1,444,760
45	UNITED BIOSOURCE CORPORATION PO BOX 75828 BALTIMORE, MD, 21275	BRETT HUSELTON PH: 484-744-1666 BRETT.HUSELTON@UBC.COM	TRADE VENDOR				\$1,437,854
46	NV DIV. HEALTH CARE FINANCING & POLICY 1100 E. WILLIAM STREET CARSON CITY, NV, 89701	IAN KNIGHT PH: 775-684-3775 I.KNIGHT@DHCFP.NV.GOV	PAYOR REBATES				\$1,426,871

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47	VA DEPT OF MEDICAL ASSISTANCE SERVICES 11013 WEST BROAD STREET GLEN ALLEN, VA, 23060	MAURY ANDERSON PH: 804-548-0336 MBDANIELS@MAGELLANHEALTH.COM	PAYOR REBATES				\$1,349,789
48	WOLSELEY INDUSTRIAL GROUP PO BOX 100286 ATLANTA, GA, 30384	ANGELA CHAPA PH: 317-408-9160 ANGELA.CHAPA@WOLSELEYIND.COM	TRADE VENDOR				\$1,282,328
49	CATALENT PHARMA SOLUTIONS 25108 NETWORK PLACE CHICAGO, IL, 60673	MARY LEE SCHIESZ PH: 732-354-2989 MARYLEE.SCHIESZ@CATALENT.COM	TRADE VENDOR				\$1,226,572
50	DISTRICT OF COLUMBIA 750 FIRST STREET, N.E., SUITE 1020 WASHINGTON, DC, 20002	BARRY POPE PH: 202-906-8353 BARRY.POPE@CONDUENT.COM	PAYOR REBATES				\$1,204,380

Fill in this information to identify the case and this filing:

Debtor Name Mallinckrodt Hospital Products IP Unlimited Company

United States Bankruptcy Court for the: District of Delaware
(State)

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)*
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- ☐ *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- ☐ *Schedule H: Codebtors (Official Form 206H)*
- ☐ *Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- ☐ *Amended Schedule _____*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 50 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- ☒ *Other document that requires a declaration Corporate Ownership Statement; List of Equity Security Holders*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/12/2020
MM / DD / YYYY

* /s/ Bryan M. Reasons
Signature of individual signing on behalf of debtor

Bryan M. Reasons
Printed name

Director
Position or relationship to debtor